SOARNEWS

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Newsletter of the Survivorship, Outcomes And Risk Program at MSK

Public Health and Clinical Experts Address HPV and Cancer Prevention

MSK Symposium Features SOAR Investigators and Assistant Health Commissioner

Abraham Aragones welcomes symposium participants

In December, MSK hosted a symposium, *HPV Beyond the Known: Strengthening Collaborations*, to discuss human papillomavirus (HPV) vaccination in New York City. Organized by SOAR investigator **Abraham Aragones** (Immigrant Health & Cancer Disparities), speakers also included **Shrujal Baxi** (Medicine) and **Jack Burhalter** (Psychiatry & Behavioral Sciences). Dr. Jane Zucker, Assistant Health Commissioner in the Bureau of Immunization of the NYC Department of Health and Mental Hygiene (DOHMH), gave the keynote address.

HPV causes 99% of cervical cancers, and is increasingly a cause of head and neck cancers and anal cancers. A vaccine against the four most common strains of HPV, administered in three doses over six months, has been available in the US since 2006. Though originally recommended only for pre-teen girls, routine vaccination is now recommended for girls and boys ages 11 to 12, and for male and female adolescents and young adults not previously vaccinated. The vaccine is also recommended for men who have sex with men and immunocompromised persons up to age 26.

Speakers at the MSK symposium highlighted barriers to HPV vaccination, efforts to increase vaccine completion rates, and research in vaccination and HPV-related cancers. Drs. Zucker and Aragones described vaccination patterns in New York City, where rates of initiation and completion exceed the national average. But rates vary geographically and by ethnicity. Latinos, who make up more than a quarter of the NYC population, have a higher rate of vaccine initiation, but a lower rate of completion than other ethnic groups. Dr. Aragones is working with the DOHMH and the Mexican consulate to promote vaccine uptake and completion among Latinos in New York. He is also a developing a social marketing campaign targeting Latino families.

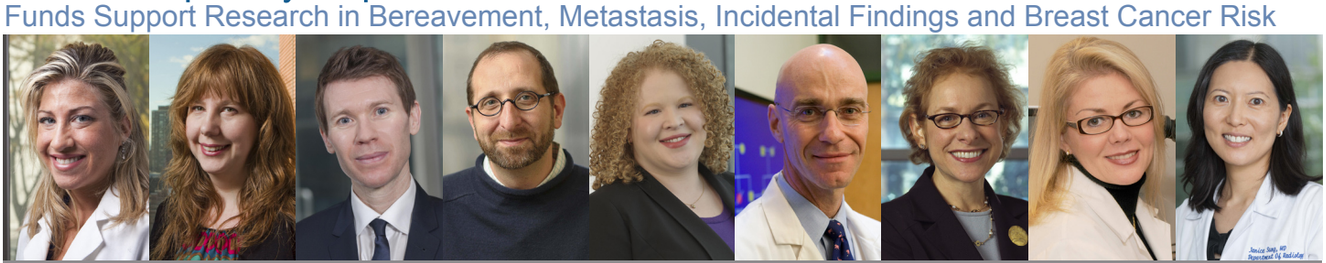
Jane Zucker of the NYC Department of Health and Mental Hygiene

Symposium speakers and attendees also discussed opportunities for collaboration. One idea that emerged was the development of a provider education module which would target a fundamental barrier to vaccination: lack of a physician recommendation. It would also capitalize on the knowledge of MSK clinician-scientists like Drs. Aragones, Baxi and Burkhalter, and on institutional experts in provider education and communication. Asked about the importance of the symposium, Drs. Aragones and Baxi both noted emphatically that HPV-related cancers are uniquely and truly preventable. Commenting on MSK's role in HPV research, education and outreach, Baxi said, "even though we are a center for treating cancer, we have a responsibility to think about and study how we can prevent cancer."

Abraham Aragones speaking with Sally Guttmacher, of NYU, and Francesca Gany

Transdisciplinary Population Science Grants Awarded

Funds Support Research in Bereavement, Metastasis, Incidental Findings and Breast Cancer Risk



From left to right: Wendy Lichtenthal, Stacy Stabler, Lee Jones, Richard White, Jada Hamilton, Mark Robson, Jonine Bernstein, Adriana Corben, Janice Sung

Four projects were funded in the second round of MSK Transdisciplinary Population Science Awards, announced this month.

Wendy Lichtenthal (Psychiatry & Behavioral Sciences) and Stacy Stabler (Medicine) were funded for their study, *Development and Refinement of a Bereavement Risk Screening Tool*, which aims to develop a self-report bereavement risk screening tool to be used with cancer patients' family members during palliative care and bereavement. Findings from this study will be used to obtain funding for a larger scale investigation to conduct item and scale analyses and to examine the psychometric properties of the resulting bereavement risk screening tool. Co-investigators include Kailey Roberts (Psychiatry & Behavioral Sciences), Jimmie Holland (Psychiatry & Behavioral Sciences) and **William Breitbart** (Psychiatry & Behavioral Sciences).

Lee Jones (Medicine) and Richard White (Cancer Biology and Genetics) were funded for their study, *Aerobic Training Modulation of Metastatic Biology Using a Transparent Zebrafish Model*. This project will study the effect of aerobic training in the prevention of metastatic lesions in transparent zebrafish models of melanoma. The investigators posit that aerobic training will inhibit metastatic propensity in a dose-dependent manner. Co-investigators include Joao Xavier (Computational Biology) and Silja Heilmann (Computational Biology).

Jada Hamilton (Psychiatry & Behavioral Sciences) and **Mark Robson** (Medicine) were funded for their study, *IFACT – Incidental Findings in Advanced Cancer Therapy*, which aims to describe advanced cancer patients' attitudes, preferences, and information needs regarding incidental findings arising from tumor genomic profiling (TGP). They will develop a questionnaire to assess patients' beliefs about the personal and clinical utility of incidental findings found from TGP. Co-investigators include **Jennifer Hay** (Psychiatry & Behavioral Sciences) and **Kenneth Offit** (Medicine).

Jonine Bernstein (Epidemiology), Adriana Corben (Pathology) and Janice Sung (Radiology) were funded for their study, *Histopathologic Characteristics of MRI Background Parenchymal Enhancement as a Biomarker of Breast Cancer Risk*. This study will examine the histopathological characteristics of enhancing and non-enhancing normal breast tissue among pre- and post-menopausal women. Clinical data and histopathologic measures will be correlated to regions of interest based on background parenchymal enhancement. Co-investigators include Jennifer Brooks (University of Toronto), Elizabeth Morris (Radiology), **Malcolm Pike** (Epidemiology), Melissa Pilewskie (Surgery) and **Mark Robson** (Medicine).

SOAR Grants

Katherine DuHamel (Psychiatry & Behavioral Sciences) received a MSKCC-CCNY Partnership grant for "A Salon-Based Intervention to Promote Colonoscopy Screening."

Helena Furberg Barnes (Epidemiology) received an ACS Research Scholar Award for "Predictors and Impact of Post-Diagnosis Smoking in Bladder Cancer."

Helena Furberg Barnes (Epidemiology) received a V Foundation for Cancer Research Award for "The Role of Germline Genetic Variation in Host Response and Vascular Toxicity from Systemic Chemotherapy for Advanced Urothelial Cancer."

Francesca Gany (Psychiatry & Behavioral Sciences) received a grant from Fordham University/NIH for "Social Networks of West African Forced Migrants."

Danielle Novetsky Friedman (Pediatrics) received a Career Development Award from St. Jude Children's Research Hospital for "Impact of Radiation Dose to the Pancreas on Subsequent Risk of Diabetes Mellitus."

Jamie Ostroff (Psychiatry & Behavioral Sciences) received a P20 grant from the NCI for "2/2 The TREND Partnership: Tobacco Research and Education to Eliminate Disparities."

Jamie Ostroff (Psychiatry & Behavioral Sciences) received a T32 grant from the NCI for "Psychosocial Palliative & Community Research in Cancer."

SOAR Seminars

Photo by Rick DeWitt

Stacie Dusetzina, University of North Carolina, presented *Using Population-Level Data to Evaluate the Impact of Medication Costs on Use of Oral and Infused Cancer Therapies* on December 9th.

Photos by Ethan Kavet

Marsha Regenstein, George Washington University, presented *Improving Language Services in Hospital Settings: Lessons from the Field* on January 13th.

Mark your calendar

February 3
2:00PM
RRL-116

SOAR Seminar
Douglas Corley, MD, PhD
Kaiser Permanente

SOAR NEWS EDITORIAL STAFF
Elena Elkin, PhD/Epidemiology & Biostatistics Val Pocus/Epidemiology & Biostatistics Nidha Mubdi, MPH/Medicine Meghan Woods, MPH/Epidemiology & Biostatistics Saidah Henderson, MA/Psychiatry & Behavioral Sciences Claudia Ayash, MPH/Immigrant Health & Cancer Disparities

Deborah Korenstein is an Attending Physician in the General Internal Medicine Service, Department of Medicine, and a member of the Center for Health Policy and Outcomes. She spoke with the SOAR News about her research.

You study overuse of health care services. How did you get interested in that area?

As a general internist and clinical educator, I was always interested in the idea that people are doing things that aren't necessary and that may harm patients. My primary interest was around evidence-based medicine, and appropriateness of care was something I thought about a lot because I tried to teach doctors how to understand the evidence. The context was always, how do you provide the right care? It means doing things you need to do but also not doing things you don't need to do.

When you were training as a physician, did you learn about appropriateness of care and overuse?

I did my residency in Boston, which has a very different practice environment than New York. In Boston, back in the 80's, HMOs started taking hold, and when I trained in the mid 90's there was this culture of being minimalist. But when I moved to New York and started seeing patients here, I was shocked by how much everyone was doing. I was constantly trying to get people to do less. I spent a lot of time supervising residents and I would always say, why are you ordering that, how is it going to change your management?

What brought you to MSK?

I was lucky enough to be in the right place at the right time, and I got involved early on with the American Board of Internal Medicine Foundation's *Choosing Wisely* campaign. I was a consultant to them, and I got involved at the ground floor of what became a national movement. I gave a talk at MSK about the work we had done and the topic of overuse in general, and there was interest in operationalizing some of that work here. I think in cancer there is a lot of room to study overuse and try to change it. And there's an increasing momentum in this institution towards really trying to change things, which is great.

Patients these days get a lot of information about tests and treatments from non-medical sources. Do you think this leads to overuse?

It's a problem that people talk about all the time, but I think it's less of a problem than doctors say it is. It really just comes down to good communication. People don't want to do things that are going to potentially hurt them and the way to think about the appropriateness of care is not that something's a waste, but that it's more likely to hurt you than to help you. Two classical examples in primary care are MRIs for lower back pain and antibiotics for colds. In both cases I've had a lot of success just explaining to people why it's not necessary or why it won't help them. You have to validate the fact that you're not doing nothing because you don't think that what they have is bad and real and important. You're choosing not to do a thing that's not going to help them.

As a patient, have you ever had a test or treatment that wasn't necessary or had little evidence to support it?

I practice what I preach. Every time I go to the doctor it's a negotiation. When the guidelines for cervical cancer screening changed, I decided I wasn't going to go every year. When I finally came in for my next appointment, three years later, my doctor and her entire staff applauded me.

Many US Physicians Speak Another Language

But Study Finds Mismatch with Language Needs of Patients

More than 80% of applicants to US medical and surgical residency training programs report some proficiency in a non-English language, according to a study by **Lisa Diamond** and **Francesca Gany** (Immigrant Health & Cancer Disparities). But the languages spoken by these physicians are not necessarily the languages spoken by the 25 million US residents with limited English proficiency (LEP).

Diamond and Gany analyzed language skills reported by all applicants to residency training programs in 2013 and US Census data from 2007-2011. Among residency applicants with any non-English proficiency, about 60%, or more than 26,000 applicants, reported native, functionally native or advanced proficiency. Overall, there were 105 residency applicants with at least advanced non-English proficiency for every 100,000 LEP speakers. But the rate of proficient physician speakers to the LEP population varied considerably by language. For example, there were more than 4,700 Hindi-proficient residency applicants per 100,000 Hindi-speaking LEP persons, but only 31 Spanish-proficient residency applicants per 100,000 LEP Spanish speakers. While Hindi speakers are less than 1% of all LEP persons in the US, Spanish speakers are the largest group, accounting for 65% of the LEP population.

This collaboration between MSK investigators and the American Association of Medical Colleges (AAMC) is a part of Diamond's broader research agenda on the impact of LEP in health care. In 2011, the AAMC solicited Diamond's expertise, adding structured items about non-English language proficiency to the residency application in 2012. Diamond hopes to extend this work by examining the geographic distribution of multilingual physicians relative to the LEP population. Diamond and her colleagues are also studying the effect of physician-patient language concordance on cancer screening rates in LEP patients. At MSK, Diamond is studying interventions to improve communication with LEP patients, including a medical translator app that Urgent Care clinicians use on their mobile devices, and dual-handset interpreter phones in the rooms of hospitalized LEP patients.